

M e m o r a n d u m

Date: December 16, 2009

To: Valley Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Amador Area

File No.: 295.12996.Chapter 6 – Command OT and Grant Management Memo

Subject: HPG 22.1, CHAPTER 6 – COMMAND OVERTIME AND GRANT
MANAGEMENT

The Amador Area recently completed an in-depth self-inspection of the elements contained within Chapter 6 (Command Overtime and Grant Management) of Highway Patrol Guide (HPG) 22.1, Area Resources Management Guide. Following this inspection, only minor discrepancies were noted or found which require follow-up action. Please refer to the attached Form CHP 680A (Command Inspection Program Exceptions Document) and Form CHP 680P checklists (Command Overtime and Command Grant Management). Should you have any questions regarding this inspection, please feel free to contact me at (209) 223-4890.



B. A. KYNASTON, Lieutenant
Commander

Attachments

Safety, Service, and Security

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

Command: Amador Area	Division: Valley	Chapter: 6
Inspected by: Sgt. R. Sloan #10806		Date: 11-23-2009

COPY

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INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 16	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:		
	Due Date:		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:
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One.

Inspector's Findings:

Introduction

The Amador Area conducted a comprehensive evaluation of the Command overtime and grants management, to ensure efficiency and compliance with departmental policy. As part of the evaluation, the inspector looked at the Command's grant overtime allocations and administration, supporting documents (i.e., CHP 415s, operational plans, etc.), monthly attendance reports, etc. The inspector was Sergeant Rod Sloan (#10806) of the Amador Area. The inspector began the inspection on November 23, 2009, at 1600 hours, and completed the inspection on November 24, 2009.

The following documents were completed as part of this inspection:

- Exceptions Document (CHP 680A)
- Command Grant Management Checklist (CHP 680P)
- Command Overtime Checklist (CHP 680P)

Prior Audits

is unknown when the last prior audit of these processes was completed.

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Inspected by: Sgt. R. Sloan #10806		Date: 11-23-2009

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Summary of Findings

The only discrepancies noted during this inspection were that occasionally, some officers fail to note their lunch time on the respective overtime CHP 415 document, and also sometimes fail to write "RDO" in the "Notes" section of the CHP 415. Beyond the aforementioned discrepancies, the Area appears to be in compliance with departmental policy and procedures.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

The Area Management and Supervisory team will ensure that the two discrepancies listed above are corrected on all future overtime CHP 415 documents.


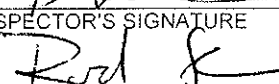
Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

one.

Required Action

Corrective Action Plan/Timeline

The Area Management and Supervisory team will ensure that the two discrepancies listed above are corrected on all future overtime CHP 415 documents. The timeline will be ongoing.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 12-15-09
	INSPECTOR'S SIGNATURE 	DATE 12-15-09

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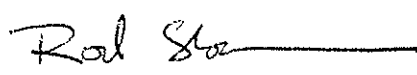
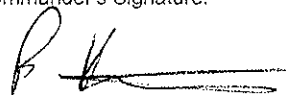
Command: Amador Area	Division: Valley	Chapter: 6
Inspected by: Sgt. R. Sloan #10806		Date: 11-23-2009

<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 12/22/09
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STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
INSPECTION CHECKLIST
 Chapter 6
 Command Grant Management

Command: Amador Area	Division: Valley	Number: 295
Evaluated by: Sgt. R. Sloan #10806		Date: 11-23-2009
Assisted by: N/A		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 		
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Commander's Signature: 	Date: 12-15-09	
For applicable policy, refer to: GO 40.6				
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.				
1. If the commander became aware that another agency or organization is proposing or has submitted a grant application to a funding agency other than the Office of Traffic Safety (OTS) that appears to focus on traffic safety goals clearly within the jurisdiction of the Department, did the commander notify the appropriate assistant commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
2. Has OTS grant funding, through the Highway Safety Plan, been sought for traffic safety-related activities for the purpose of conducting inventories, need and engineering studies, system development or program implementations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Has the command sought grant funding to assist with the expenses associated with the priority programs identified by the National Highway Traffic Safety Administration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Has the commander ensured grant funds are not being reallocated to fund other programs or used for non-reimbursable overtime expenditures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Are concept papers regarding grant funding submitted through channels to Grants Management Unit (GMU)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
6. Was GMU contacted to determine the current personnel billing rates used for grant projects when preparing concept paper budgets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:

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7. Is supporting documentation of consent and acceptance (of the work, goods, or services provided by the state on behalf of a local government agency as required by 23 Code of Federal Regulations Part 1250) being submitted to OTS for all grant projects coded as "for local benefit"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
8. Were all copies of the grant project agreements, revisions, and claim invoices signed by the Project Director, or designated alternate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
9. Were all inquiries or correspondence concerning the availability of grant funds or other contacts with grant funding agencies coordinated/processed through GMU?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
10. Are all expenditures of grant funds approved by GMU prior to entering into any obligations, with the exception of personnel costs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
11. Are quarterly progress reports forwarded through channels to GMU in accordance with the instructions contained in the associated project MOU?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not completed at Area
12. Are all requirements of the grant agreement and MOU being met?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a final project report being prepared in accordance with the funding agency and departmental requirements upon the termination of the grant project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Does every invoice associated with a grant funded project contain the project number and name?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Are all purchases of grant-funded equipment acquired under an OTS grant exceeding a unit cost of \$5,000 being documented on an Equipment Report, Form OTS-25?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
16. Has grant funded equipment been inspected to ensure it is being utilized in accordance with the respective grant agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Are applications for federal funds in accordance with Government Code Section 13326 including obtaining approval from the Department of Finance and/or the Governor's office prior to submission to the appropriate federal authority? This would include any of the following: <ul style="list-style-type: none"> • Applications for federal funds which are not included in the budget approved by the Governor. • Applications for federal funds which exceed the amount specified in the budget. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:

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18. Is a federal Standard Form 424, Application for Federal Assistance, filed with the State Clearinghouse for all approved unbudgeted grant requests received by the Department of Finance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
19. Has any request for unanticipated federal funds met the criteria for legislative notification set forth in Control Section 28.00 of the annual Budget Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
20. Are grant funds being used for their intended purpose?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are grant applications related to the Motor Carrier Safety Assistance Program (MCSAP) being routed through the Commercial Vehicle Section before they are submitted to the funding agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
22. Are grant applications related to the Homeland Security Grant Program being routed through the Emergency Operations Section before they are submitted to the funding agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
Questions 23 through 26 pertain to the Grants Management Unit				
23. Has GMU prepared an annual Management Memorandum to be disseminated to all commanders soliciting participation in the Department's Highway Safety Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Not applicable to the Amador Area
24. Did GMU send the concept paper as an attachment to a memorandum through the Planning and Analysis Division to Assistant Commissioner, Field, and Assistant Commissioner, Staff, and their Executive Assistants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: : Not applicable to the Amador Area
25. Did GMU route copies of the Draft Grant Agreement using the CHP Form 60, Staff Summary Statement, to all commands with responsibility for or that have an interest in the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: : Not applicable to the Amador Area
26. Was a Memorandum of Understanding between involved commands outlining the responsibilities of each command prepared and distributed by GMU?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: : Not applicable to the Amador Area

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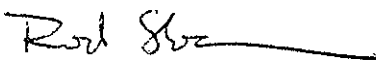
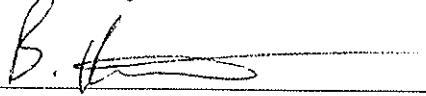
COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 6

Command Overtime

Command: Amador Area	Division: Valley	Number: 295
Evaluated by: Sgt. R. Sloan #10806		Date: 11-23-2009
Assisted by: N/A		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Follow-up Inspection	Commander's Signature: 
Date: 12-15-09			
For applicable policies, refer to HPM 11.1, Chapter 6, HPM 40.71, Chapters 2, 8, and 10, HPM 10.5, Chapter 2, and HPM 10.3, Chapters 24 and 28.			

Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Is the hiring company/agency for reimbursable overtime being held responsible for paying a minimum of four hours of overtime per CHP uniformed employee, regardless of length of service/detail?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Is a minimum of four hours overtime being allocated to each CHP uniformed employee(s) if cancellation notification is made 24 hours or less prior to the scheduled detail and the assigned CHP uniformed employee(s) cannot be notified of such cancellation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Are reimbursable special project codes being used for all overtime associated with reimbursable special projects?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Is the commander ensuring nonuniformed personnel overtime hours are not reflected on the Report of Overtime Hours for Reimbursable Special Projects?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Is the commander ensuring non-reimbursable overtime is not being claimed for an employee, other than Bargaining Unit 7, while on vacation or compensated time off for hours worked during their regular work shift time?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is "RDO" being written in the "Notes" section of the CHP 415, Daily Field Record, for overtime worked on a regular day off?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: This has not always been done on every OT CHP 415.
7. Is there a CHP 90, Report of Court Appearance - Civil Action, completed for each officer or sergeant when overtime is associated for civil court?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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8. Do the CHP 415s with overtime indicate the employee's lunch period or indicate "None" if the employee worked through their lunch break?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: This has not always been done on every OT CHP 415.
9. Did the supervisor sign the CHP 415s approving the overtime?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Are claimed overtime meals related to overtime worked within 50 miles of the employee's headquarters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Amador Area personnel infrequently utilize overtime meals.
11. If overtime is incurred by a peer support counselor, is the name of the employee to whom support was provided excluded from the CHP 415 of the counselor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Is the "Notes" section on side two of the CHP 415 used to explain any overtime listed on side one of the CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Are employee's Compensated Time Off hours maintained within reasonable balances?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Is the commander ensuring employees are not incurring overtime due to working over the allotted number of hours for any given Fair Labor Standards Act (FLSA) period?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Although FLSA overtime has been paid in the past, the Amador Area Management Team is diligent at preventing recurrence.
15. Is the commander ensuring uniformed employees are not working voluntary overtime which results in them working more than 16.5 hours in a 24 hour period?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Do the CHP 415 total overtime hours agree with the Monthly Attendance Report (MAR)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Are the MARs retained for at least three years and contain the commander's signature?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: